

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004752

FILED
Mar 05, 2009
Secretary of State

Entity Name: HAILE FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1 PL
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1 PL
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-3487471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, D JEFFREY
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PLACE
GAINESVILLE, FL 32607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: D JEFFREY SAUSAMAN

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURNANE, PAT
Address: 8628 SW 57TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MARCUS, MARGARET
Address: 6248 SW 85 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: HUGHS, SETH
Address: 8206 SW 64TH PL
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: ALDRICH, DAVID
Address: 6230 SW 81ST ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: ANDREWS, FRANK
Address: 6018 SW 86TH DR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROBERTS, ANDREW
Address: 5821 SW 86 DR
City-St-Zip: GAINESVILLE, FL 32608

Title: VD (X) Change () Addition
Name: KLINK, VICTORIA
Address: 5720 SW 86 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT MURNANE

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date